



Washington State Health Care Authority
School Employees Benefits Board
P.O. Box 42720 • Olympia, Washington 98504-2720
www.hca.wa.gov/sebb

August 27, 2020

To: Payroll and Benefits Offices of K-12 School Districts, Charter Schools, and Educational Service Districts with Represented Employees

From: Amy Corrigan, Management Analyst 5, SEBB Program Outreach and Training

Subject: 2020 SEBB Program Rates – Effective January 1, 2021

Overview

The monthly base rate (employer contribution) of \$1,000 per eligible employee for health care contributions will remain unchanged until June 30, 2021. This is the amount due to the Health Care Authority (HCA) even if an employee chooses to waive medical coverage. Employees cannot waive vision and dental coverage.

Medical, vision, and dental insurance

Monthly premiums for the employee contribution for medical coverage effective January 1, 2021 are attached. Vision and dental coverage are employer-paid and are included in the employer contribution; there are no monthly employee premiums for vision or dental coverage.

The base rate breakout does not represent the actual cost of providing benefits to employees during the calendar year. The amounts shown below break out the base rate, which may vary from actual costs.

January through June 2021	
Benefit	Base Rate Breakout
Net medical and admin fee	\$900.13
Dental	\$82.48
Vision	\$11.34
Life	\$3.955
Long-term Disability	\$2.10
Total base rate	\$1,000

SEBB Program annual open enrollment

The School Employees Benefits Board (SEBB) Program's annual open enrollment is October 26 through November 23, 2020 11:59 p.m. In September, the SEBB Program will mail the *Intercom* newsletter to employees at the address we have on record, or will send it electronically to those who subscribed to the email subscription. This is the only notice the SEBB Program will send to employees about the SEBB annual open enrollment. Information will also be available on the [SEBB Program](#) website on September 25, 2020.

Premium surcharges

The tobacco use premium surcharge will remain at \$25 per-account per month, regardless of the number of tobacco users enrolled on the account, in addition to the monthly medical premium.

The spouse or state-registered domestic partner coverage premium surcharge will remain at \$50 per month in addition to the monthly medical premium for subscribers who cover a spouse or state-registered domestic partner in SEBB medical coverage where the spouse or state-registered domestic partner has chosen not to enroll in their own employer-based group health insurance that is comparable to the Public Employees Benefits Board (PEBB) Program Uniform Medical Plan (UMP) Classic.

Employees who cover a spouse or state-registered domestic partner on their 2021 medical coverage may have to re-attest to this premium surcharge during the SEBB Program annual open enrollment. The SEBB Program will mail a letter to employees who need to attest. Employees can also find whether they need to re-attest in SEBB My Account starting October 16.

Life, Accidental Death and Dismemberment (AD&D) and Long-Term Disability (LTD) insurance

Employee supplemental life and AD&D insurance premiums will remain the same for the 2021 plan year (unless an employee changes age brackets or increases their coverage).

Employee supplemental LTD premiums will remain the same for the 2021 plan year (unless an employee changes age brackets).

The rate schedule for life, AD&D, and LTD insurance are attached.

Additional taxable income for non-qualified tax dependents

Certain individuals may not qualify under IRS regulations as dependents, so the pre-tax deduction of premiums from taxable income is not appropriate. Tax tables are attached to assist you in determining additional taxable income that should be assigned to employees, if the employee's contributions are made for a non-qualified tax dependent.

Tables 1 and 2 provide monthly amounts for additional taxable income for non-qualified tax dependents for 2021. Tables 3-7 provide monthly payroll employee contributions (deductions for non-tax qualified dependents). If a dependent is a non-qualified tax dependent, or is allowed late enrollment outside of the SEBB Program annual open enrollment, or when a special open enrollment occurs, use Tables 3-7 to determine the amount of the employee contribution to withhold on a post-tax basis for 2021.

Employees are required to complete the *2021 SEBB Declaration of Tax Status* form when enrolling an individual on their SEBB Program insurance coverage who does not qualify as a dependent for tax purposes (e.g., a state-registered domestic partner or their eligible children).

If you have questions about the rates, please contact me at 360-725-0826 or amy.corrigan@hca.wa.gov.

Sincerely,

Amy Corrigan

Attachments

C. Kate LaBelle

Washington State Health Care Authority

2021 SEBB Rate Book

Invoicing Rates for K12 Active with Surcharges (for January through June 2021 only)

Plans	07/01/20 through 06/30/21	Employee Contributions: CY 2021			
	Base Rate	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW 1	\$ 1,000	\$ 39	\$ 78	\$ 68	\$ 117
Kaiser Permanente NW 2	\$ 1,000	\$ 52	\$ 104	\$ 91	\$ 156
Kaiser Permanente NW 3	\$ 1,000	\$ 119	\$ 238	\$ 208	\$ 357
Kaiser Permanente WA Core 1	\$ 1,000	\$ 16	\$ 32	\$ 28	\$ 48
Kaiser Permanente WA Core 2	\$ 1,000	\$ 21	\$ 42	\$ 37	\$ 63
Kaiser Permanente WA Core 3	\$ 1,000	\$ 91	\$ 182	\$ 159	\$ 273
Kaiser Permanente WA SoundChoice	\$ 1,000	\$ 51	\$ 102	\$ 89	\$ 153
Kaiser Permanente WA Options Access PPO 1	\$ 1,000	\$ 66	\$ 132	\$ 116	\$ 198
Kaiser Permanente WA Options Access PPO 2	\$ 1,000	\$ 97	\$ 194	\$ 170	\$ 291
Kaiser Permanente WA Options Access PPO 3	\$ 1,000	\$ 146	\$ 292	\$ 256	\$ 438
Premera Blue Cross High PPO	\$ 1,000	\$ 76	\$ 152	\$ 133	\$ 228
Premera Blue Cross Peak Care EPO	\$ 1,000	\$ 37	\$ 74	\$ 65	\$ 111
Premera Blue Cross Standard PPO	\$ 1,000	\$ 28	\$ 56	\$ 49	\$ 84
Uniform Medical Plan Achieve 1	\$ 1,000	\$ 33	\$ 66	\$ 58	\$ 99
Uniform Medical Plan Achieve 2	\$ 1,000	\$ 98	\$ 196	\$ 172	\$ 294
Uniform Medical Plan High Deductible	\$ 1,000	\$ 25	\$ 50	\$ 44	\$ 75
Uniform Medical Plan Plus - PSHVN	\$ 1,000	\$ 68	\$ 136	\$ 119	\$ 204
Uniform Medical Plan Plus - UW	\$ 1,000	\$ 68	\$ 136	\$ 119	\$ 204

Surcharges						
Tobacco Use Surcharge	\$	25	\$	25	\$	25
Spouse Waiver (AV) Surcharge	\$	-	\$	50	\$	50

Total Base Rates With Employee Contributions: January - June 2021			
Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
\$ 1,039	\$ 1,078	\$ 1,068	\$ 1,117
\$ 1,052	\$ 1,104	\$ 1,091	\$ 1,156
\$ 1,119	\$ 1,238	\$ 1,208	\$ 1,357
\$ 1,016	\$ 1,032	\$ 1,028	\$ 1,048
\$ 1,021	\$ 1,042	\$ 1,037	\$ 1,063
\$ 1,091	\$ 1,182	\$ 1,159	\$ 1,273
\$ 1,051	\$ 1,102	\$ 1,089	\$ 1,153
\$ 1,066	\$ 1,132	\$ 1,116	\$ 1,198
\$ 1,097	\$ 1,194	\$ 1,170	\$ 1,291
\$ 1,146	\$ 1,292	\$ 1,256	\$ 1,438
\$ 1,076	\$ 1,152	\$ 1,133	\$ 1,228
\$ 1,037	\$ 1,074	\$ 1,065	\$ 1,111
\$ 1,028	\$ 1,056	\$ 1,049	\$ 1,084
\$ 1,033	\$ 1,066	\$ 1,058	\$ 1,099
\$ 1,098	\$ 1,196	\$ 1,172	\$ 1,294
\$ 1,025	\$ 1,050	\$ 1,044	\$ 1,075
\$ 1,068	\$ 1,136	\$ 1,119	\$ 1,204
\$ 1,068	\$ 1,136	\$ 1,119	\$ 1,204

\$ 25	\$ 25	\$ 25	\$ 25
\$ -	\$ 50	\$ -	\$ 50

**Washington State Health Care Authority
2021 SEBB Rate Book**

SEBB Life and AD&D Rates Paid to Plan and Charged to Subscribers

Employee Basic*	Monthly Cost:	\$3.955
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Employee Supplemental		
Monthly Cost for Each \$1,000 of Coverage (Available in \$10,000 increments)		
Age	Non-Smoker	Smoker
<25	\$0.038	\$0.050
25-29	\$0.042	\$0.060
30-34	\$0.046	\$0.080
35-39	\$0.058	\$0.090
40-44	\$0.088	\$0.100
45-49	\$0.128	\$0.150
50-54	\$0.188	\$0.230
55-59	\$0.346	\$0.400
60-64	\$0.534	\$0.630
65-69	\$0.962	\$1.220
70+	\$1.438	\$1.988

Spouse/State Registered Domestic Partner Life		
Monthly Cost for Each \$1,000 of Coverage (Up to 50% of Employee Supplemental in \$5,000 increments)		
Age	Non-Smoker	Smoker
<25	\$0.038	\$0.050
25-29	\$0.042	\$0.060
30-34	\$0.046	\$0.080
35-39	\$0.058	\$0.090
40-44	\$0.088	\$0.100
45-49	\$0.128	\$0.150
50-54	\$0.188	\$0.230
55-59	\$0.346	\$0.400
60-64	\$0.534	\$0.630
65-69	\$0.962	\$1.220
70+	\$1.438	\$1.988

Child Life	
Monthly Cost for Each \$1,000 of Coverage (Available in \$5,000 increments)	
Age 2 weeks - 26 years	\$0.124

Employee Supplemental AD&D	
Monthly Cost for Each \$1,000 of Coverage (Available in \$10,000 increments)	
Cost per \$1,000	\$0.019

Spouse/Registered Domestic Partner AD&D	
Monthly Cost for Each \$1,000 of Coverage (Available in \$10,000 increments)	
Cost per \$1,000	\$0.019

Child AD&D	
Monthly Cost for Each \$1,000 of Coverage (Available in \$5,000 increments)	
Cost per \$1,000	\$0.016

* Represents premium paid to Plan

For K12 Actives and 6E, Plan A Basic coverage is paid by the employer.

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SEBB Long Term Disability Plan - Rates Paid to Plan and Charged to Subscribers

Basic Plan for Actives	Monthly Cost*:
	\$2.10

Optional Plan

Rate	
Age	Rate
< 30	0.0014
30-34	0.0019
35-39	0.0029
40-44	0.0041
45-49	0.0056
50-54	0.0077
55-59	0.0093
60-64	0.0096
65+	0.0098

* Represents premium paid to plan only.

Notes:

- For K12 Actives, Basic Plan coverage is paid by the employer
- Based on age as of January 1st each year

Washington State Health Care Authority

2021 SEBB Rate Book

Additional Taxable Income for Non-Tax Qualified Dependents

Table 1: Employer Share Medical, Dental, and Vision

2021 Monthly State Premium Contribution for Medical, Dental, and Vision for Active Em
Additional Taxable Income for Non-Tax Qualified Dependent Coverage

MEDICAL, DENTAL, AND VISION PLAN	Partner*	Subscriber's or Partner's Child(ren)*	Partner and Child(ren)*
All Medical Plans	\$ 610	\$ 469	\$ 1,220

Table 2: Employer Share Dental and Vision Only

Sample chart for dental and vision only enrollment-taxable amount for dependents

DENTAL AND VISION PLAN	Partner*	Subscriber's or Partner's	Partner and Child(ren)*
All Dental Plans	\$ 48	\$ 48	\$ 96
All Vision Plans	\$ 7	\$ 5	\$ 14

Table 3: Total Monthly Employee Contribution Owed for All Coverage (Pre-tax and post-tax combined)

Plan Name	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW 1	\$ 39	\$ 78	\$ 68	\$ 117
Kaiser Permanente NW 2	\$ 52	\$ 104	\$ 91	\$ 156
Kaiser Permanente NW 3	\$ 119	\$ 238	\$ 208	\$ 357
Kaiser Permanente WA Core 1	\$ 16	\$ 32	\$ 28	\$ 48
Kaiser Permanente WA Core 2	\$ 21	\$ 42	\$ 37	\$ 63
Kaiser Permanente WA Core 3	\$ 91	\$ 182	\$ 159	\$ 273
Kaiser Permanente WA SoundChoice	\$ 51	\$ 102	\$ 89	\$ 153
Kaiser Permanente WA Options Access PPO 1	\$ 66	\$ 132	\$ 116	\$ 198
Kaiser Permanente WA Options Access PPO 2	\$ 97	\$ 194	\$ 170	\$ 291
Kaiser Permanente WA Options Access PPO 3	\$ 146	\$ 292	\$ 256	\$ 438
Premera Blue Cross High PPO	\$ 76	\$ 152	\$ 133	\$ 228
Premera Blue Cross Peak Care EPO	\$ 37	\$ 74	\$ 65	\$ 111
Premera Blue Cross Standard PPO	\$ 28	\$ 56	\$ 49	\$ 84
Uniform Medical Plan Achieve 1	\$ 33	\$ 66	\$ 58	\$ 99
Uniform Medical Plan Achieve 2	\$ 98	\$ 196	\$ 172	\$ 294
Uniform Medical Plan High Deductible	\$ 25	\$ 50	\$ 44	\$ 75
Uniform Medical Plan Plus - PSHVN	\$ 68	\$ 136	\$ 119	\$ 204
Uniform Medical Plan Plus - UW	\$ 68	\$ 136	\$ 119	\$ 204

*Premiums displayed are rounded to the nearest dollar, consistent with IRS tax reporting

Notes:

- The default dental plan (UDP) is used for the purpose of this calculation
- The default vision plan (MetLife) is used for the purpose of this calculation

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K12 Active Employee Monthly Contributions (Deductions) for Non-Tax Qualified Dependents

Table 4: Post-Tax Partner Share for "Subscriber and Spouse" Tier

Plan Name	Subscriber and Spouse	Subscriber	Partner
Kaiser Permanente NW 1	\$ 78	\$ 39	\$ 39
Kaiser Permanente NW 2	\$ 104	\$ 52	\$ 52
Kaiser Permanente NW 3	\$ 238	\$ 119	\$ 119
Kaiser Permanente WA Core 1	\$ 32	\$ 16	\$ 16
Kaiser Permanente WA Core 2	\$ 42	\$ 21	\$ 21
Kaiser Permanente WA Core 3	\$ 182	\$ 91	\$ 91
Kaiser Permanente WA SoundChoice	\$ 102	\$ 51	\$ 51
Kaiser Permanente WA Options Access PPO 1	\$ 132	\$ 66	\$ 66
Kaiser Permanente WA Options Access PPO 2	\$ 194	\$ 97	\$ 97
Kaiser Permanente WA Options Access PPO 3	\$ 292	\$ 146	\$ 146
Premera Blue Cross High PPO	\$ 152	\$ 76	\$ 76
Premera Blue Cross Peak Care EPO	\$ 74	\$ 37	\$ 37
Premera Blue Cross Standard PPO	\$ 56	\$ 28	\$ 28
Uniform Medical Plan Achieve 1	\$ 66	\$ 33	\$ 33
Uniform Medical Plan Achieve 2	\$ 196	\$ 98	\$ 98
Uniform Medical Plan High Deductible	\$ 50	\$ 25	\$ 25
Uniform Medical Plan Plus - PSHVN	\$ 136	\$ 68	\$ 68
Uniform Medical Plan Plus - UW	\$ 136	\$ 68	\$ 68

Table 5: Post Tax Partner Share for "Full Family" Tier

Plan Name	Full Family	Subscriber and Child(ren)	Partner
Kaiser Permanente NW 1	\$ 117	\$ 68	\$ 49
Kaiser Permanente NW 2	\$ 156	\$ 91	\$ 65
Kaiser Permanente NW 3	\$ 357	\$ 208	\$ 149
Kaiser Permanente WA Core 1	\$ 48	\$ 28	\$ 20
Kaiser Permanente WA Core 2	\$ 63	\$ 37	\$ 26
Kaiser Permanente WA Core 3	\$ 273	\$ 159	\$ 114
Kaiser Permanente WA SoundChoice	\$ 153	\$ 89	\$ 64
Kaiser Permanente WA Options Access PPO 1	\$ 198	\$ 116	\$ 82
Kaiser Permanente WA Options Access PPO 2	\$ 291	\$ 170	\$ 121
Kaiser Permanente WA Options Access PPO 3	\$ 438	\$ 256	\$ 182
Premera Blue Cross High PPO	\$ 228	\$ 133	\$ 95
Premera Blue Cross Peak Care EPO	\$ 111	\$ 65	\$ 46
Premera Blue Cross Standard PPO	\$ 84	\$ 49	\$ 35
Uniform Medical Plan Achieve 1	\$ 99	\$ 58	\$ 41
Uniform Medical Plan Achieve 2	\$ 294	\$ 172	\$ 122
Uniform Medical Plan High Deductible	\$ 75	\$ 44	\$ 31
Uniform Medical Plan Plus - PSHVN	\$ 204	\$ 119	\$ 85
Uniform Medical Plan Plus - UW	\$ 204	\$ 119	\$ 85

Table 6: Post Tax Partner and Child(ren) Share for "Full Family" Tier

Plan Name	Full Family	Subscriber	Partner and Child(ren)
Kaiser Permanente NW 1	\$ 117	\$ 39	\$ 78
Kaiser Permanente NW 2	\$ 156	\$ 52	\$ 104
Kaiser Permanente NW 3	\$ 357	\$ 119	\$ 238
Kaiser Permanente WA Core 1	\$ 48	\$ 16	\$ 32
Kaiser Permanente WA Core 2	\$ 63	\$ 21	\$ 42
Kaiser Permanente WA Core 3	\$ 273	\$ 91	\$ 182
Kaiser Permanente WA SoundChoice	\$ 153	\$ 51	\$ 102
Kaiser Permanente WA Options Access PPO 1	\$ 198	\$ 66	\$ 132
Kaiser Permanente WA Options Access PPO 2	\$ 291	\$ 97	\$ 194
Kaiser Permanente WA Options Access PPO 3	\$ 438	\$ 146	\$ 292
Premera Blue Cross High PPO	\$ 228	\$ 76	\$ 152
Premera Blue Cross Peak Care EPO	\$ 111	\$ 37	\$ 74
Premera Blue Cross Standard PPO	\$ 84	\$ 28	\$ 56
Uniform Medical Plan Achieve 1	\$ 99	\$ 33	\$ 66
Uniform Medical Plan Achieve 2	\$ 294	\$ 98	\$ 196
Uniform Medical Plan High Deductible	\$ 75	\$ 25	\$ 50
Uniform Medical Plan Plus - PSHVN	\$ 204	\$ 68	\$ 136
Uniform Medical Plan Plus - UW	\$ 204	\$ 68	\$ 136

Table 7: Post Tax Partner's Child(ren) Share for "Subscriber and Child(ren)" Tier

Plan Name	Subscriber and Child(ren)	Subscriber	Partner's Children
Kaiser Permanente NW 1	\$ 68	\$ 39	\$ 29
Kaiser Permanente NW 2	\$ 91	\$ 52	\$ 39
Kaiser Permanente NW 3	\$ 208	\$ 119	\$ 89
Kaiser Permanente WA Core 1	\$ 28	\$ 16	\$ 12
Kaiser Permanente WA Core 2	\$ 37	\$ 21	\$ 16
Kaiser Permanente WA Core 3	\$ 159	\$ 91	\$ 68
Kaiser Permanente WA SoundChoice	\$ 89	\$ 51	\$ 38
Kaiser Permanente WA Options Access PPO 1	\$ 116	\$ 66	\$ 50
Kaiser Permanente WA Options Access PPO 2	\$ 170	\$ 97	\$ 73
Kaiser Permanente WA Options Access PPO 3	\$ 256	\$ 146	\$ 110
Premera Blue Cross High PPO	\$ 133	\$ 76	\$ 57
Premera Blue Cross Peak Care EPO	\$ 65	\$ 37	\$ 28
Premera Blue Cross Standard PPO	\$ 49	\$ 28	\$ 21
Uniform Medical Plan Achieve 1	\$ 58	\$ 33	\$ 25
Uniform Medical Plan Achieve 2	\$ 172	\$ 98	\$ 74
Uniform Medical Plan High Deductible	\$ 44	\$ 25	\$ 19
Uniform Medical Plan Plus - PSHVN	\$ 119	\$ 68	\$ 51
Uniform Medical Plan Plus - UW	\$ 119	\$ 68	\$ 51